U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Standards Washington, DC 20210 FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved Office of Management and Budget No. 1215-0188 Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INST	RUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.
For Official Use Only 1. FILE NUMBER 2.	PERIOD COVERED 3. (a) AMENDED If this is an amended report correcting a previously
042 008	MO DAY YEAR filed report, check here:
[042-998]	From 0 7 0 1 2 0 0 2 (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:
E OLMS 3	Through 0 6 3 0 2 0 0 3 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS
	First Name
	ANTOINE
	RIGMAIDEN
	HIGMAIDEN
	P.O. Box · Building and Room Number (if any)
4. AFFILIATION OR ORGANIZATION NAME	Number and Street
CARPENTERS IND	1153 CHESS DRIVE STE 104
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION N	UMBER L. 100 011200 DIT 1 1 2 3 1 2 1 0 4
LU 1861	City
7. UNIT NAME (if any)	FOSTER CITY
·	State ZIP Code + 4
9. Are your organization's records kept at its mailing address? Yes (If "No," provide address in Item 75.)	No [C A 9 4 4 0 4 -
75. ADDITIONAL INFORMATION	
Item Number	
	\cdot
Each of the undersigned, duty authorized officers of the above labor organization, declaration, declaration, declaration, declaration, declaration, and is, to the best of	ares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)
	PRESIDENT 77. SIGNED:
SIGNED: / // / / / / / / / / / / / / / / / /	(If other title, (If other title,
10/2/03	see instructions.) /b/2/o3 see instructions.)
/ Date Telephone Number	/ Date Telephone Number

During the Reporting Period Did Your Organization:		18. How many members did your
10. Have a "subsidiary organization" as defined in	Yes N	1 roporting pariod?
Section X of the instructions?		19. What is the date of your organization's
11. Create or participate in the administration of a		next regular election of officers?
trust or other fund or organization, as defined in the instructions, which provides benefits for		20. What is the maximum amount recoverable under your organization's fidelity bond
members or their beneficiaries?		for a loss caused by any officer or employee of your organization?
12. Have a political action committee (PAC) fund?		21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate
Turu :		applies for any line.) Rates of Dues and Fees
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		20.00 month
		(Month, Year, etc.)
14. Have an audit or review of its books and records by an outside accountant or by a parent body		(b) Initiation Fees
auditor/representative?	X	(c) Transfer Fees \$
15. Discover any loss or shortage of funds or		(d) Work Permits \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
other property?(Answer "Yes" even if there has been repayment		22. During the reporting period, did your organization
or recovery.)		have any changes in its constitution and bylaws Yes No
16. Have any officer who was paid \$10,000 or more		procedures listed in the instructions?
by your organization and also received \$10,000 or more as an officer or employee of another labor		(If the constitution and bylaws or practices/ procedures have changed, see the instructions.)
organization or of an employee benefit plan?		
17. Liquidate or reduce any liabilities without		23. Were any of your organization's assets pledged as security or encumbered in any other way at the and of the reporting period?
disbursement of cash?		at the end of the reporting period?
		24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," pro in Item 75 as explained in the instructions for each item.,		(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		7 1 4 3 3	7 7 2 8 3
	26. Accounts Receivable		0	0
SI	27. Loans Receivable	1	0	0
ASSETS	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	1 0 7 6	5 8 4
	31. Other Assets	3	0	0
	32. TOTAL ASSETS	·	7 2 5 0 9	7 7 8 6 7
	LIABILITIES	From SCH	Start of Reporting Period	End of Reporting Period
l	ltem	#	(C)	(D)
	33. Accounts Payable	#	:	
ES .		8	(C)	(D)
BILITIES	33. Accounts Payable	8	(C)	(D)
LIABILITIES	33. Accounts Payable	8	(C) 0	(D) 0
LIABILITIES	33. Accounts Payable	8	(C) 0	(D) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
LIABILITIES	33. Accounts Payable	8	(C) 0 0 4 6 2	(D) 0 0 0 3 5 5

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only - Do Not Enter Cents

CASH RECEIPTS	From SCH #		CASH DISBURSEMENTS	From SCH #	
39. Dues		8 6 2 3 8	56. To Officers	9	1 0 6 3 6
40. Per Capita Tax		0	57. To Employees	10	6 8 0 4
41. Fees		0	58. Per Capita Tax		2 1 7 3 5
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		0	60. Office & Administrative Expense	13	1 5 1 0 4
44. Work Permits		0	61. Educational & Publicity Expense		0
45. Sale of Supplies		0	62. Professional Fees		4 0 5 0
46. Interest		4 4 0	63. Benefits	11	0
47. Divídends		0	64. Contributions, Gifts & Grants	12	2 3 5 0
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		9 2 6
50. Loans Obtained	8	0	67. Withholding Taxes		6 3 6
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	0
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	2 4 2	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	1 8 8 2 9
55. TOTAL RECEIPTS		8 6 9 2 0	74. TOTAL DISBURSEMENTS		8 1 0 7 0

2 - 4

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans		Repayments Rece	ived During Period	Loans		
business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)		
*.							
2.		·					
3.							
4. Totals from additional pages (if any)							
5. Totals of loans not listed above	0	0	0	0	0		
6. Totals of Lines 1 through 5	0	0	0	0	0		
The totals from Line 6 are entered in							

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 4 2 - 9 9 8

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)	Description (A)	Book Value (B)
Marketable Securities		1. None	0
1. Total Cost	0	2.	
2. Total Book Value	0	3.	
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.		4.	
(a) None	0	5.	
(b)		6. Total from additional pages (if any)	
(c)		7. Total of Lines 1 through 6	0
(d)		The total from Line 7 is entered in	Item 31, Column (B)
Other Investments 4. Total Cost	0	SCHEDULE 4 - OTHE	R LIABILITIES
5. Total Book Value	0	Description (A)	Amount at End of Period (B)
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.		1. PAYROLL TAXES PAYABLE	3 5 5
(a) None	0	2.	
(b)		3.	
(c)		5.	
(d)			
(e) Total from additional pages (if any)		6. Total from additional pages (if any)	
7. Total of Lines 2 and 5	0	7. Total of Lines 1 through 6	3 5 5
The total from Line 7 is entered in	Item 29, Column (B)	The total from Line 7 is entered in	Item 36, Column (D)
Form LM-2 (Revised 2000)	2 - (5	Page 6 of 12

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 4 2 - 9 9 8

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	5 2 6 4	4 6 8 0	5 8 4	5 8 4
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	5264	4680	5 8 4	5 8 4
The total from Line 8, Column (D) is entered in			Item 30, Column (B)	

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)		Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None		0	0	0	0
l.					
5. Totals from additional pages (if any)	`				
5. Totals of Lines 1 through 5		0	0	0	0
	7. Less Reinve	stments			0
	8. Net Sales				0
The total from Line 8 is entered in					Item 49

Form LM-2 (Revised 2000)

Page 7 of 12

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 4 2 - 9 9 8

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Pald (D)			
1. None	0	0	0			
2.						
3.						
4.						
5. Totals from additional pages <i>(if any)</i>						
6. Totals of Lines 1 through 5	0	0	0			
	7. Less Reinvestments		0			
	8. Net Purchases		0			
The total from Line 8 is entered in						

SCHEDULE 8 -- LOANS PAYABLE

			Repayment Made		
	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)				:	
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in	Item 34 Column (C)	Item 50	Item 70		Item 34 Column (D)

Form LM-2 (Revised 2000)

Page 8 of 12

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 4 2 - 9 9 8

(A) Name (List all persons who held office during the reporting period they received no salary or other disbursements.)	od even if	Gross Salary (before taxes and		Disbursements for Official	Other		
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)	
STRANGE WILLIAM 1. PRESIDENT	С	0	1948	0	0	1 9	4 8
RIGMAIDEN ANTONIE 2. FINANCIAL SECT	С	0	2782	0	0	2 7	8 2
SOLIS RICKY 3. RECORDING SECT	С	0	1843	0	0	1 8	4 3
SIMI ADRIAN 4. WARDEN	С	0	480	0	0	4	8 0
RIGMAIDEN MARTIN 5. CONDUCTOR	C	. 0	7 9 4	0	0	7	9 4
PAYNE TAJMAL 6. VICE PRESIDENT	C	0	480	0	0	4	8 0
NEWLL JAMES TRUSTEE	С	0	6 7 8	o	0	6	7 8
8. Totals from additional pages (if any)		0	1631	0	0	1 6	3 1
9. Totals of Lines 1 through 8		0	10636	0	0	106	3 6
				10. Less Deductions	S	- 1.0	0
The total from Line 11 is entered in			Item 56	11. Net Disburseme	ents	1 0 6 3	6
*Code for Status (C): past officer - P; continuing officer - C; new off	icer during t	he reporting period - N.		(If any officer was not	elected at a regular election	ion in accordance wi	ith

Form LM-2 (Revised 2000)

your organization's constitution and bylaws, explain in Item 75.)

Page 9 of 12

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 4 2 - 9 9 8

(A) Name (List all employees who received more than \$10,000 in total disbursement from your organization and any affiliates.) (B) Position (Enter employee's job title.)	(before taxes and	All	Disbursements for Official Business	Other	
(C) Name of Affiliated Organization (if applicable)	other deductions) (D)	Allowances (E)	(F)	Disbursements (G)	Total (H)
TRUJILLO TERRIE	7 4 4 0	0	0	0	7 4 4 0
1. OFFICE STAFF					
2.					
3.					
		1			
4.					
5.					
6. Totals from additional pages (if any)					
 Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates 	0	0	0	0	О
8. Totals of Lines 1 through 7	7440	0	0	0	7440
			9. Less Deductions		6 3 6
The total from Line 10 is entered in		Item 57	10. Net Disburseme	nts	6 8 0 4

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 4 2 - 9 9 8

Description (A)	To Whom Paid (B)	Amount (C)
1. None	None	0
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		0
The total from Line 6 is entered in		Item 63

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amou (B)	nt			
1. LABOR ORGANIZATIOS		2	3	5	0
2.					
3.					
4.					:
5.					
6.					
7. Total from additional pages (if any)					
8. Total of Lines 1 through 7		2	3	5	0
The total from Line 8 is entered in Item 64					

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)			ouni 3)	t		
1. BANK CHARGE				1	2	5
2. DUES & SUBSCRIPTION			1	3	8	0
3. INSURANCE				3	0	7
4. OFFICE SUPPLIES			2	9	2	0
5. POSTAGE			1	0	6	3
6. RENT			4	2	3	9
7. Total from additional pages (if any)			5	0	7	0
8. Total of Lines 1 through 7		1	5	1	0	4
The total from Line 8 is entered in Item 60						

Form LM-2 (Revised 2000)

2 - 11

Page 11 of 12

Page 12 of 12

SCHEDULE 14 - OTHER RECEIPTS

Amount Description (B) (A) 2 4 2 1 REFUND 2. 3. 4. 5. 6. 7. 8. 9. 10. 111. 12. 13. 14. 15. 16. Total from additional pages (if any) 2 4 2 17. Total of Lines 1 through 16 The total from Line 17 is entered in Item 54 Form LM-2 (Revised 2000)

SCHEDULE 15 - OTHER DISBURSEMENTS

OTHER DISBURSEMENT	<u> </u>	_				
Description (A)			oun B)	t		
1.MEETING & TRAVEL	l 	_	5	8	2	0
2.PROMOTIONAL ITEMS			2	1	4	9.
3. REFUNDS TO NCCRC		1	0	6	5	0
4. SPECIAL EVENT				2	1	0
5.		· 				
6.						
7.						
8.					_	
9.						
10.						
11.					_	
12.		··				
13.					. د د د د د د د د د د د د د د د د د د د	
14.		,				
15.						
16. Total from additional pages (if any)						
17. Total of Lines 1 through 16		1	8	8	2	9
The total from Line 17 is entered in		Ite	em 7	'3		

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ORGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED:	

SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements.)	n if	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
RIGMAIDEN STEVE		0	1 1 9 1	0	0	1 1 9 1
TRUSTEE	С					
OLSON WAYNE		0	4 4 0	0	0	4 4 0
TRUSTEE	C					
`						
			101 <u></u>			

DRGANIZATION NAME:	
CARPENTERS IND	
ENDING DATE OF PERIOD COVERED:	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)	
TELEPHONE	5 0 7	0
	,	

DRGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED:	
06/30/2003	

75. ADDITIONAL INFORMATION

tem Number	
14	AUDIT BY J. H. LEE ACCOUNTANCY CORPORATION

ORGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED: 06/30/2003	

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicab accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowle	le penalties of law, that all of the information submedge and belief, true, correct, and complete. (See	Med in this report (including the inform Section VI on penalties in the instructi	ation contained in any
Trustee Sign: TRUSTEE	Trustee Sign:		TRUSTEE
NOC-006-2670	0	2	
DCT 2 - 2003 408 - 446 - 3628 Date Telephone Number	Date	Telephone Number	